SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F13029** **(6)**

1. Corporation Name
HARRIS BUSINESS GROUP,INC.

Principal Place of Business	Mailing Address
611 N.BARKER RD..STE.200 BROOKFIELD WI 53045 US	611 N.BARKER RD..STE.200 BROOKFIELD WI 53045 US

3. Date Incorporated or Qualified: **12/29/1980**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business — 21:
Suite, Apt #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2058740** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, THOMAS
8 BELLVIEW BLVD
#803
BELLAIRE BCH. FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, THOMAS		1.2 NAME		
STREET ADDRESS	8 BELLVIEW BLVD #803		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLAIRE BCH. FL		1.4 CITY-ST-ZIP		
TITLE	PDS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEYLER, ALFRED E		2.2 NAME		
STREET ADDRESS	4034 DEER CREEK LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WADSWORTH IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALTON, CARL O		3.2 NAME		
STREET ADDRESS	2751 QUAIL HOLLOW RD.,E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, WILLIAM G		4.2 NAME		
STREET ADDRESS	22 W100 GLEN VALLEY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLEN ELLYN IL		4.4 CITY-ST-ZIP	Glen Ellyn IL	
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KAEBISCH, GARY		5.2 NAME		
STREET ADDRESS	N9 W31276 CONCORD LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAFIELD WI		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: A E Seyler 6/25/96 (414) 784-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alfred E. Seyler, President

CR2E034 (3/96)